

SHERIDAN COUNTY APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
Auxillary Aids and Services are Available Upon
Request to Individuals With Disabilities

The information contained on this form is sought in Good faith. It will not be used in anyway to discriminate Against any applicant for employment in violation of State or Federal law.

INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 14 of page 5 of this form may be used to continue or explain answers or provide other information Relative to your qualifications or availability.

INCOMPLETE or UNSIGNED applications will not be considered.

1. Name: _____
Last
First
MI

2. Address: _____
Street

City _____ State _____ Zip Code _____

3. Phone No: _____
Work
Home

4. This section must be completed for each position you apply for.

Job Title _____

Job Location _____

Date you are available for work _____

5. If required for this position:

	Yes	No
Do you have:		
a. Valid driver's license?	_____	_____
Commercial driver's license?	_____	_____
If commercial, specify:	Type _____	Class _____
Hazardous material _____	Tank _____	Airbrakes _____
b. Are you willing to travel overnight?	Yes _____	No _____

Are you willing to accept: ___ Full-time ___ Part-time (less than 40 hrs/wk)

___ Temporary ___ Seasonal ___ On Call

___ Day Shift ___ Other than day shift ___ Rotating Shifts

This employer is committed to make reasonable accommodations to any known disability that may interfere with an applicant's ability to compete in the application and interview process. If you would like us to consider any such accommodation, please on a separate sheet of paper attach a description of the desired accommodation.

This public employer complies with the Veteran's and Handicapped person's Employment Preference Act which provides preference in public employment for certain military veterans and handicapped persons or their eligible spouses. Contact your local Vocational Rehabilitation Services Office (Dept. of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. For more information contact your local Job Service Office. **IF YOU ARE CLAIMING THIS EMPLOYMENT PREFERENCE, YOU MUST COMPLETE PAGE 6 OF THIS APPLICATION.**

6. EDUCATION

A. HIGH SCHOOL

Received:

Diploma of Equivalent Certification
 None – If “None”, enter the highest grade completed ____

b. NAME/ADDRESS OF HIGH SCHOOL AWARDING DIPLOMA OR EQUIVALENCY CERTIFICATE:

7. COLLEGE or UNIVERSITY LOCATION	DATE ATTENDED	CREDIT HRS EARNED QTRS/ SEMS	DEGREES RECEIVED	DATE OF DEGREE	MAJOR FIELD	MINOR FIELD

8. Other School or Training Courses which help you qualify NAME, LOCATION	DATE ATTENDED	DID YOU COMPLETE	TITLE/DESCRIPTION OF COURSE	TOTAL HOURS

9. LIST PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (CPA, etc.)

A. Name and Complete Address of Licensing Agency	B. Type of License	C. Endorsement/restriction (if Applicable)	D. Date Licensed

10. If applying for skilled craft jobs, are you a recognized Journey Level Worker? YES NO
 If “yes”, what craft or trade? _____ When received? _____

11. SPECIAL SKILLS – Check the skill you possess Specify speed/errors where requested

TYPING _____ / _____ DATA ENTRY _____ / _____ MEDICAL TERMINOLOGY
 SHORTHAND _____ / _____ TEN-KEY BY TOUCH LEGAL TERMINOLOGY
 COMPUTER LANGUAGES (Specify) _____ OTHER _____

12. EQUIPMENT – List types of equipment you can operate and specify name or model you have used (e.g. word processor computer, etc.).

13. EXPERIENCE:

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions in the blocks are answered and the same format is followed. This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? ____ Yes ____ No

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: ____ Part-time: ____

Highest Salary \$ _____ Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: ____ Part-time: ____

Highest Salary \$ _____ Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____

Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

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Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____

Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____

Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

14. CONTINUATION/EXPLANATIONS (refer to item # being continued or explained)

Item #

15. I hereby certify that all information on this is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

SIGNATURE: _____ DATE SIGNED: _____

16. EMPLOYMENT REFERENCES

NAME	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

17. VETERAN STATUS

- | | |
|---|--|
| <input type="checkbox"/> Disabled Vietnam Era Veteran | <input type="checkbox"/> Vietnam Era Veteran |
| <input type="checkbox"/> Disabled Veteran of other Campaign/War Era | <input type="checkbox"/> Veteran of other Campaign/War Era |
| <input type="checkbox"/> Other Disabled Veteran | <input type="checkbox"/> Veteran of the Persian Gulf War |
| <input type="checkbox"/> Other Veteran | |

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed. “This is also a requirement of the Montana Human Rights Act”. The following survey helps to fulfill these requirements. This application survey will be separated from your application. The survey information will be kept confidential, used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name _____ Social Security Number ____/____/____

Job applied for: Job Title _____

Location _____

How did you first learn of this position?

____ Newspaper ad or Journal ad

____ Community Organization

____ Friend

____ Job Service

____ Female, minority, or disabled referral organization

____ Other (Specify)

____ MALE ____ FEMALE DATE OF BIRTH (month/day/year) ____/____/____

RACE/ETHNICITY

____ WHITE (Not of Hispanic origin)

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

____ BLACK (Not of Hispanic origin)

A person having origins in one of the black racial groups of Africa.

____ SPANISH (Hispanic)

A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures.

____ ASIAN OR PACIFIC ISLANDER

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.

____ AMERICAN INDIAN OR ALASKAN NATIVE

A person having origins in any of the original peoples of North America who maintains cultural identifications through tribal affiliation or community recognition.

VETERAN OR HANDICAPPED STATUS

1. HANDICAPPED: ____ YES ____ NO

If “yes” check any major
disability you have:

____ Hearing impairment

____ Visual impairment

____ Mobility impairment

____ Mental impairment

____ Other

____ Multiple impairment

2. Check the one item that best describes your veteran status:

____ Disabled Vietnam Era Veteran

____ Vietnam Era Veteran

____ Disabled Veteran of other Campaign/War Era

____ Veteran of other Campaign/War Era

____ Other Disabled Veteran

____ Veteran of the Persian Gulf War

____ Other Veteran

3. Check the item that best describes your status as a preference relative:

____ Spouse of a disabled veteran

____ Un-remarried surviving spouse of a veteran or disabled veteran

____ Mother of a veteran

____ Spouse of totally (100%) disabled person

4. Do you have certification from the Dept. of Social & Rehabilitation Services for Handicapped Persons' Employment Preference? ____ YES ____ NO

Sheridan County Communication Center
100 W Laurel Ave
Plentywood, MT 59254

ACKNOWLEDGMENT AND RELEASE OF LIABILITY

I certify that the answers given herein are complete, true and correct. I hereby authorize agents of the Sheridan County Communication Center to make such inquires and investigations of my personal, financial, medical and personal histories, and of any other matters as may be necessary in arriving at an employment decision. I understand that negative information received by agents of the Sheridan County Communication Center, and Sheridan County Sheriff's Office as a result of this investigation may be utilized as cause for my rejection as an applicant for a position with the Sheridan County Communication Center. I hereby release all employers, schools, physicians, law enforcement agencies, military organizations and any other person or persons, from any and all liability in responding to inquiries in connection with my application for employment with the Sheridan County Communication Center.

In the event of my employment, I understand that false, incomplete, or misleading information given in my application or during any interviews may result in my termination. I also understand and agree to abide by all rules and regulations of the County of Sheridan, Montana and the Sheridan County Communication Center.

Printed Name

Date of Birth

Signature

Date

State of Montana)
)
County of Sheridan)

The forgoing instrument was acknowledged before me by _____
this _____ day of _____, 20____

Notary Public